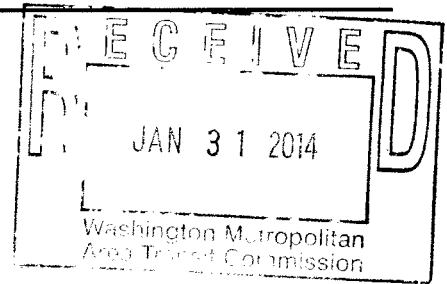


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1724	FREESTATE TRANSPORTATION, LLC				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
832 OREGON AVENUE		K-L	LINTHICUM	MD	21090
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(410) 609-2156	(301) 7731141	(410) 690-2159	INFO@FREESTATEAMBULANCE.COM		
*Telephone	Other Telephone	Fax	E-mail		

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

			4174
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

NICO MAWUN		PRESIDENT/CEO	
*Name		*Title	
(410) 609-2156	(703) 926-3219	(410) 609-2159	NICO.MAWUN@FREESTATEAMBULANCE.COM
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

EVAN LANGERT		(650) 714-3826	elangert@hotmail.com		
Name of Registered Agent for Service of Process		Telephone	E-mail		
402 KING STREET		402	ROCKVILLE	MD	20850
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

N/A

N/A

N/A

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
101	2007	FORD E250	1FTNS24W77DB37854 ✓	49885B	MD	7	YES
102	2003	FORD E350	1FBSS31LX3HA26919 ✓	49886B	MD	7	YES
107	2012	DODGE CARAVAN	2C4RDGCG4DR553663 ✓	55596B	MD	4	YES
108	2013	DODGE CARAVAN	2C4RDGCG8CR247774 ✓	55595B	MD	4	YES
109	2013	FORD E150	1FTNS24W77DB37854 ✓	56609B	MD	7	YES
110	2013	FORD E150	1FTNE1EW2DDB32251 ✓	56766B	MD	7	YES
111	2014	FORD E250	1FTNS2EW7EDA22473 ✓	57054B	MD	7	YES
112	2014	FORD E250	1FTNS2EW7EDA19038	Y917450 Temp Tag - Ohio	MD	7	YES
			↑ Will not use until the tag (B) comes available				

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

NICO MAWUN

*Name (type or print)

PRESIDENT/CEO

*Title (not required for sole proprietors)

*Signature

1/31/2014

*Date